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APR 22 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10737

Registration District No. 218 | Primary Registration District No. 3015 | Registrar's No. 28

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days) 86 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. Pilot Grove Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Rena Hoff
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Fem | 5. Color or race W | 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jacob Hoff
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Mch 21 (Month) — (Day) 1855 (Year)

8. AGE: Years 85 | Months — | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace Cooch Mills Mo (City, town or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Aupert Joseph Peter
13. Birthplace Cologne Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Anna Katharine Roessler
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant X Flora Hoff
(b) Address Pilot Grove
17. (a) Pilot Grove Mo (Burial, cremation, or removal) (b) Date thereof 3-28-1940 (Month) (Day) (Year)
(c) Place: burial or cremation St Joseph Cem
18. (a) Signature of funeral director Pilot Grove Mo
(b) Address
19. (a) 3-26-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1940 hour 4 minute 20 A. M.
21. I hereby certify that I attended the deceased from March 14 1940 to March 25 1940
that I last saw h alive on March 25 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronch. Pneumonia	
following fract of left upper leg ✓	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy ✓	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature O H Van Ravenswaay (M. D. or other)
Address Boonville Mo Date signed March 26 1940 3/26/40

(Licensed Embalmer's Statement on Reverse Side)

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99

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-11-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... , Registered Apprentice No. ..... working under my personal supervision.

Signed .....

Licensed Embalmer No. 3074

P. O. Address Pilot Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

V. S. No. 2B
0M—2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10737

Registration District No. 218 — Primary Registration District No. 3015 — Registrar's No. 18

1. **PLACE OF DEATH:**
(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RUBAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. **USUAL RESIDENCE OF DECEASED:**
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Bena Hoff
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. **AGE:** Years 85 | Months - | Days 5 | If less than one day h min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26
year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchopneumonia following fracture of left upper leg — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 3-14-40
(c) Where did injury occur? home Pilot Grove Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home
(Specify type of place)
While at work? (e) Means of injury fall

23. Signature C. H. Law Ravenswood
Address Boonville Date signed

5-10737

1940